U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	LLY BEFORE PREPARING THIS REPORT.	
E OLMS DROTT		
1. File Number U - /075:/	2. Fiscal Year Covered From:	
,	1 / 1 / 2004 Through: 12 / 31 / 20	Y00
3. Name and address of person filing.	Name, file number, and address of labor organization.	***************************************
Name Alla P Durand	Name IBEW Local Union #99	Million at his space, in consequences, and the space of t
	Labor Organization File Number 019 235	1
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 22 Amflex Drive	Street 22 Amflex Dive	
city Cranston	city Cranston	
State RI ZIP Code + 4 OQAQO	State RI ZIP Code + 4 Oak	~~~~
5. Position in labor organization.	211 3000 14 100115	<u> </u>
A. Held an interest in engaged in transactions (instudies to a control of the con	isions sectional in the instructions):	peter resource a popular.
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Name of Person Filling Hillen P. Durand	File Number U-
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or
8. Name and address of Business (including trade name, if any).  Name TBEW Local #99 Health + Welfare  Trade Name, if any:	9. Business deals with:  a. Labor Organization
P.O. Box, Bldg., Room No., if any  Street 22 Amflex Druc  City Cranston  State RI ZIP Code +4 03920	b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Attended an educational conference as a representative of IBEW Local #99
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Conference registration, travel, and lodging
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and P chous)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

. Name of Person Filling Allen P. Durand	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or	
8. Name and address of Business (including trade name, if any).  Name TBEW Local #99 Annuity Fund	9. Pusiness deals with:	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any  Street 22 Amflex Drive	c. Employer	
City Cransfor  State RI ZIP Code + 4 02920		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Attended an educational a representative of IBQui	Conference as OLocal #99
Street		
And an inches a common property of the ground of the groun	11.b. Approximate dollar value of such dealing.	2067
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Conference registration, tra	wel, and
	12.b. Amount.	2067
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	Model to a first return cycle; now the great Parallel in 1995 and
<ol> <li>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City  State ZIP Code + 4		
	1	

Name of Person Filing Allen Durand	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or liverthy to an otherwise
8. Name and address of Business (including trade name, if any).  Name TBEWLocal #99- Pension Plan  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street QQ Amflex Drue  City Cranston  State RT ZIP Code +4 QQQQO	9. Business deals with:  a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Attended an educational conference as a representative of Local #99
Street	
City	11.b. Approximate dollar value of such dealing.
Change of the control	12.a. Nature of interest held or income received.
State ZIP Code + 4	conference registration, travel, and lodging
ZIP Code + 4	lodging  12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	12.b. Amount. 2067
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. 2067
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount.  12.b. Amount.  12.b. Amount.  2067  12.b. Amount.
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Name of Person Filing Allen P. Durand	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Marco Consulting Group	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer
Street 1220 Adams St	C. Employer
city Baston	
State MA ZIP Code + 4 OQIQY	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Client conference
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Conference expenses
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C. Received from any employer (other than an employer covered under	12.b. Amount.
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	12.b. Amount.

## Allen P. Durand

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.